

2011-29-A
227676

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☐ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

US Carrier Telecom LLC	
Company Name	FEIN/SSN
	678-892-3700
3101 Towercreek Pkwy	Ste 450
Dbaf/ka	Telephone #
Atlanta GA 30339	
Mailing Address	
Same	
City, State, Zip Code	
Cobb	
Business Location	
City, State, Zip Code	County

REGISTERED AGENT INFORMATION

Registered Agent:
Mailing Address:
City, State, Zip Code:

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A.	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">General Manager (Include address if different than above.)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Telephone Number Facsimile Number E-mail Address </div>
B.	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Customer Relations /Complaints Representative (Include address if different than above.)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Telephone Number Facsimile Number E-mail Address </div>
C1.	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Telephone Number Facsimile Number E-mail Address </div>
C2.	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Customer Contact (Toll Free Number)</div>
D.	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Engineering Operations (Include address if different than above.)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Telephone Number Facsimile Number E-mail Address </div>
E.	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Test and Repair (Include address if different than above.)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Telephone Number Facsimile Number E-mail Address </div>

RECEIVED

JAN 18 2011

FCC SC
CLERK'S OFFICE

F.

Emergencies (During non-office hours)

Telephone Number

Facsimile Number

E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G.

Regulatory Officer (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

H.

Dual Party Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

I.

Interim LEC Fund Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

J.

Universal Service Fund Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

K.

Gross Receipts Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

L.

Lifeline Mailings (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

This form was completed by (print name)

Title

Signature

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Clerk's Office
Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

(Rev. PSC 11/2010)